City of Rochester Minnesota Public Transit REDUCED BUS FARES FOR PERSONS WITH DISABILITIES

The Half-Fare Program is for elderly and/or disabled persons who ride The City of Rochester fixed bus routes. To be eligible for reduced fares, riders must present one of the following:

- $\sqrt{}$ A valid Medicare card,
- $\sqrt{}$ A ZIPS Identification card,
- $\sqrt{}$ Proof of age 65 or over,
- $\sqrt{}$ Utilize any visible mobility device (e.g. wheelchairs, scooters),
- **√** A City of Rochester Reduced Fare Card.

PROGRAM HOURS		FARES as of 1/3/11
WEEKDAYS:	ALL DAY	\$1.00 Cash
SATURDAY:	ALL DAY	10 Rides for \$8.00

PART A. PROCEDURE FOR OBTAINING A REDUCED FARE CARD.

- 1. Applications are available at the following locations:
 - Rochester Public Transit- 4300 East River Rd NE, Rochester, MN 55906.
 - Rochester Public Works, 201 4th Street SE, Rochester, MN 55904.
 - www.RPTRIDE.com

OR CALL (507) 328-2439 and request an application for reduced fare benefits for elderly and/or disabled.

- 2. Consult part B for eligibility guidelines, provide all information requested in part C, sign and return to: Half-Fare Program, Rochester Public Transit, 4300 East River Road NE, Rochester, MN 55906.
- 3. You must make an appointment to be photographed by a representative of the City of Rochester. This photograph will be placed on your City of Rochester issued Public Transit Reduced Fare card. You must call 507-328-2439 to set up a time to come in. The location to have your picture taken is Rochester Public Transit, 4300 East River Road NE, Rochester, MN 55906.
- 4. Your identification card will serve as proof of eligibility and identity for reduced fare benefits on all fixed transit buses operated by Rochester Public Transit.

The permanent I.D. is not a transit pass. You still must purchase a single ride or multiple ride pass at the reduced rate.

◆ These reduced fare benefits do not apply to charter, contract, special, or subscription service. ◆

PART B. REDUCED FARE BENEFITS/ FIXED ROUTE TRANSIT

DEFINITION OF ELIGIBLE PERSONS:

- 1. Individuals age 65 or over.
- 2. Individuals possessing valid Medicare Card for reasons of age or personal disability.
- 3. Individuals possessing valid ZIPS identification cards.
- 4. Individuals utilizing visible mobility devices including wheelchairs, scooters, and/or service animals. Per ADA rule Title II section 35.104 and section 35.136 a service animal is a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability.
- 5. Persons with disabilities as defined by FTA. Those persons are defined by the FTA as individuals "who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability) including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility."

Note: If you meet the eligibility criteria under the above Sections 1, 2, 3, and 4 it is not necessary for you to complete the application under Part C.

However, you must be able to show proof of age, present a Medicare Card, ZIPS Identification card <u>OR</u> be using a mobility device when boarding in order to receive the half-fare benefit.

PART C. INDIVIDUAL CERTIFICATION REQUEST FOR REDUCED FARE BENEFITS ON FIXED ROUTE TRANSIT FOR ELDERLY AND/OR DISABLED INDIVIDUALS

PLEASE NOTE: If you should have any questions or need assistance in filling out this application please call (507) 328-2439. _____, have read the eligibility guidelines and believe I am qualified under Part B Section 5 (see above) for the reduced fare benefits because of the following disability, incapacity, or condition (describe condition): 2. My disability is expected to last [more than 90 days/ less than 90 days] (circle one). 3. Name: _ Middle & Maiden First Last Street Address City STATE ZIP DATE OF BIRTH: ______PHONE #: (___) ___-_ 4. Name of person completing this form (if other than applicant) Street Address City State 5. <u>RELEASE OF INFORMATION – Physician Information</u> In executing this form I agree that the information provided may be verified with Phone # Name of Physician City State Street Address The intended use of information provided by applicant herein is for the sole purpose of establishing eligibility. However, applicant is advised that a composite statistical profile of mobility limitations will be prepared by the City of Rochester. No names or addresses will be used in this statistical profile. Information provided by the applicant will be treated as private and not released to any other person, agency, institution or organization without the express permission of the applicant. Your Signature Date 6. RETURN THIS APPLICATION TO: Half- Fare Program, Rochester Public Transit- 4300 East River Rd NE, Rochester, MN 55906 ______ FOR OFFICE USE ONLY Circle One: APPROVED DISAPPROVED Date: _____ ID # issued: _____ 07/2012 Reviewed by: _____